

Mary Morgan SECC of Delaware The Linden Building 625 North Orange Street / 3rd Floor Wilmington, DE 19801-2247 Phone: 302-573-3724

Speaker's Bureau Coordinator Use Only				
Date:	Date:			
To:	To:			
Fax#:	Fax#:			
Email:	Email:			

2014 Agency Request Form *Available electronically by request*

Display Speaker ☐ Tour Requested by: Telephone: Company/Organization: Contact Person/Title: Phone: Fax: E-Mail: Company Address: Directions: Engagement(s): Date: Time: Time: Date: Time: Time: Date: Date:

Complete page 2 for additional request information

AGENCY CONFIRMATION **Agency OnlyIn order to ensure effective planning please respond within 72 hours of received request** Agency:						
rigency.						
Speaker:						
Phone:	Fax:	E-Mail:				
Day/Dates(s):		Time:				
Engagement Acceptance: (Agency Representative name must be typed) I hereby acknowledge and accept the above request at the indicated date, time and event.						
Signature:	Date:					
(Electronic reply and typed name serves as signature)						

ADDITIONAL INFORMATION

1.	1. The company will have a representative/host onsite to assist the agency representative(s) and answer questions the day of the event:					☐ No		
	Name:		Telephone #:					
2.	2. The agency representative should park in which of the following:							
	Reserved	□Visitor	Open	Other				
3.	There are several build	ings at this location:			Yes	☐ No		
	If yes, in which be	uilding will the event	take place?					
4.	The company has a sec	curity desk or gate:			Yes	☐ No		
5.	What is required to en	ter the building?						
Ple	ease fill out the following	g information if a disp	lay is requested.					
a. A car can be pulled into the loading/unloading area to load/unload the display if needed:						☐ No		
	b. People or carts are available to assist with moving displays or display items if needed:							
c. The following are available or provided for the agency representative(s) use:								
	Tables	Electrical (Outlets	Other		_		
	d. If displays are hel able to purchase f		r hours, will the agency	representative(s) be	Yes	☐ No		
6.	Additional Information	n:						
Please fill out the following information if a speaker is requested.								
				10. Au	dience Type:			
7. Topic of Speech:				Blue Collar				
	Y 1 60 1				White Collar Labor			
8.	Length of Speech:				Management			
9.	Group Size:				Solicitors			
10.	_	eauested Agency:			Other			
10. Special Instructions/Requested Agency:								
	ease fill out the following	-	r is requested.					
	Agency or Topic Pref							
Spo	ecial Considerations/Re	quests:						
# o	f Tour Participants:							
Lei	ngth of Tour:							
Da	te: Time	e:	Date:	Time:				